

Departure from Switzerland – Reply coupon for border Worker

Name and first name _____ Client No _____
 Date of birth _____ Nationality _____
 Marital status _____ Country of destination _____
 Current legal address (street, postcode, town and country) _____

 Telephone number _____ Email address _____
 Name and address of the bank _____
 BIC/SWIFT _____
 IBAN and/or account number _____

Family member(s)

Spouse

Name and first name of spouse _____
 Insurance company of spouse _____
☐ My spouse is not gainfully employed _____
☐ My spouse is gainfully employed in (please indicate name of country) _____
☐ My spouse is receiving a pension / daily allowance benefits : ☐ Yes ☐ No
 If yes, name of the country / body from which the pension is received _____

Children

- ☐ I have no dependent children.
☐ I have a dependent child / dependent children. If yes, please fill in the following table :

First name of Child	Name of Child	Date of birth	Insurer(s)	Situation (in school, apprentice, etc)
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Cross-border worker, since _____

Employee: full contact details of your employer _____

Self-employed: full contact details of your company _____

☐ **I wish to maintain my contract**

- Attach the certificate of departure from the place of residence in Switzerland
- Enclose the residence permit (G permit)

The premium for your compulsory health insurance will be adjusted according to your new country of residence.

☐ **I wish to terminate my contract and take out insurance in my new country of residence**

- Attach the certificate of departure from the place of residence in Switzerland
- Please contact the competent authorities in your employer's canton in order to exercise your right of option (only for departures to Austria, France, Germany and Italy)
- Attach the certificate of the new foreign insurance company

My income comes / will come from abroad (*pension, salary, unemployment, daily allowance*) : ☐ Yes ☐ No

If yes, since _____

Type of income _____ Country of origin _____

Activity rate (%) _____

- Attach the certificate of departure from the place of residence in Switzerland

Place and date :

Signature :



Please return this document to the following address :
Groupe Mutuel – Contracts - Rue du Nord 5 - PO Box - CH-1919 Martigny